

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AK</i>	<i>7242</i>	<i>5/30/00</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>		<i>6/3/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AK</i>	<i>10303</i>	<i>8-1</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
Final Original	
51	<i>11/5/00</i>
52	<i>6/9/00</i>
53	<i>2/27/00</i>
54	<i>10/6/00</i>
55	<i>1/4/01</i>
56	<i>03/03/01</i>
57	<i>03/03/01</i>
58	<i>03/03/01</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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